Your Preventive

WORKSITE SCREENING Guide

and Personal Health Journal

- ☑ **Health Risk Appraisal**
- ☑ **Lipid Profile**
- ☑ **Chemistry Profile**
- ☑ **Hemogram**
- ☑ **Blood Pressure**
- ☑ **Height and Weight**

PREVENTION PARTNERS

South Carolina Budget and Control Board
Employee Insurance Program
www.eip.sc.gov – click on “Prevention Partners”

The Employee Insurance Program wants to help you and your employees lead healthier lives. As part of our effort to do that, *Prevention Partners* educates volunteer coordinators and benefit administrators at worksites throughout the state.

The mission of *Prevention Partners* is to provide activities, programs and services in these areas:

Disease Prevention
Early Detection of Disease
Consumer Education
Health Promotion

Participation is open to all state agencies, public school districts, county offices and local subdivisions with insurance through the Employee Insurance Program. Participation in this FREE service is simple and easy. To become active, a worksite names a volunteer coordinator and files a letter of intent with *Prevention Partners.* If your worksite is not active, please see your benefits administrator or contact *Prevention Partners*.

Cost Savings Tip:

Take a copy of your screening results
to your doctor. This can save you money and
keep you from duplicating tests.

Prevention Partners Preventive Worksite Screening

SCREENING COMPONENTS:

ABOUT RISK FACTORS

Research has shown that many ***risk factors*** can affect our health. Risk factors can be divided into two categories.

Those that **cannot be modified:**

- **Age/gender/ethnicity**
- **Family history**
- **Personal health history**
- **Height**

Those that **can be changed:**

- **Weight**
- **Nicotine and alcohol consumption**
- **Diet**
- **Physical activity level**
- **Stress/coping with stress**
- **Personal auto safety habits**
- **Exposure to other deadly hazards**

The Preventive Worksite Screening will address both types of risk factors and how to prevent and/or manage various health conditions. The parts of the screening explained in this section are:

- ***Health Risk Appraisal***
- ***Blood Pressure***
- ***Height and weight***
- ***Blood lipid profile***
- ***Blood chemistry profile***
- ***Hemogram.***

HEALTH RISK APPRAISAL (HRA)

The HRA is an anonymous questionnaire that gathers important information regarding a person's health and uses that information to predict potential health risks. The information gathered includes a person's **lifestyle choices** (smoking, exercise, seat belt use), **ethnicity, family medical history** (cancer, heart disease, etc.) and **clinical data** (current medical conditions). This can help an individual determine his level of risk for disease.

The likelihood of disease may increase or decrease according to your personal risk factors. For example, people of African-American, Hispanic and American Indian descent are at higher risk for developing diabetes than members of other ethnic groups. It is impossible to change one's ethnic background and family medical history. However, knowing that certain traits can place a person at risk for developing certain health problems is the first step in preventing and/or managing those health problems.

BLOOD PRESSURE

What is it?

"Blood Pressure" is the pressure exerted by a person's blood volume against the walls of the arteries. Blood pressure is recorded as two numbers in a fraction, such as 122/86. The top number (122) is known as the "systolic" pressure during which the heart is contracting and pumping blood away from itself, through the arteries, to the organs, tissue and muscle. The bottom number (86) is called "diastolic" pressure during which the heart is at rest. New blood pressure guidelines include a new category called "prehypertension."

Classification of Blood Pressure (BP)			
Category	**SBP mmHg**		**DBP mmHg**
Normal	**<120**	**and**	**<80**
Prehypertension	**120-139**	**or**	**80-89**
Hypertension, Stage 1	**140-159**	**or**	**90-99**
Hypertension, Stage 2	**>160**	**or**	**>100**

Key: SBP = systolic blood pressure DBP = diastolic blood pressure

**If systolic and diastolic blood pressures fall into different categories, the higher category should be used to classify blood pressure level. For example, 160/80 mmHg would be classified as Hypertension, Stage 2.*

What are the risk factors?

The risk factors for developing hypertension can be hereditary and/or lifestyle-related, or both. Hypertension is more likely to occur if it runs in an individual's family. However, this is the only risk factor that cannot be changed. Risk factors you can change include:

- **High amounts of salt in the diet**
- **Smoking**
- **Being overweight**
- **Being in poor aerobic health due to a sedentary lifestyle**
- **Experiencing recurrent high stress**
- **Consuming high amounts of alcohol and saturated fats.**

Making healthy choices regarding blood pressure.

The choices we make over time can cause or prevent a chronic disease, such as hypertension. Just as the unhealthy behaviors listed above can lead to facing the "Silent Killer," healthy choices can prevent that from happening or allow individuals with hypertension to manage their condition effectively.

Making healthy choices if you do not have hypertension.

- **Have your blood pressure checked regularly.**
- **Manage your weight (see height weight chart below).**
- **Exercise regularly (3–5 days/week for 20-30 minutes).**
- **Limit caffeine intake.**
- **Eat healthy, balanced, low-fat, low-salt meals.**
- **Learn to manage stress.**
- **Stop smoking or using tobacco products.**
- **Reduce alcohol use.**
- **Eliminate trans-fats.**

Making healthy choices if you have hypertension.
Being diagnosed with hypertension and being required to take daily medication does not mean that you are powerless over your condition. You can also follow the recommendations above under the supervision of your physician and should adhere to the following:

- **Stay on your medication schedule. Keeping a diary if necessary (see Personal Health Journal).**
- **Monitor yourself at home using a sphygmomanometer.**
- **Visit your physician to check blood pressure and medication.**
- **Record and report medication side effects and other symptoms immediately.**

HEIGHT and WEIGHT

Why are they important?
Although body height cannot be modified, body weight can. Being overweight or obese or being underweight can place individuals at risk of developing health problems. Height is important because it is used as a variable to measure the extent to which an individual is considered overweight or underweight. The table below describes weight ranges for women and men according to height.

Healthy Weight Ranges for Men and Women			
Height*	**Weight (lbs.)****	**Height***	**Weight (lbs.)****
4’ 10”	91-119	5’ 9”	129-169
4’ 11”	97-128	5’ 10”	132-174
5’ 0”	97-128	5’ 11”	136-179
5’ 1”	101-132	6’ 0”	140-184
5’ 2”	104-137	6’ 1”	144-189
5’ 3”	107-141	6’ 2”	148-195
5’ 4”	111-146	6’ 3”	152-200
5’ 5”	114-150	6’ 4”	156-205
5’ 6”	118-155	6’ 5”	160-211
5’ 7”	121-160	6’ 6”	164-216
5’ 8”	125-164		

*without shoes
**without clothes

What risks are linked to being overweight or obese?
Being overweight contributes to hypertension, heart disease, diabetes and even cancer.

How could the Height/Weight Chart results be used?
If you are overweight:

- **Check with your doctor before starting an exercise and/or weight-loss program.**
- **Begin slowly, exercising three days a week, for 20-30 minutes each session. You may gradually increase the length of each session to 30-60 minutes, or increase the number of times you exercise to three to five days a week, keeping the amount of time the same. Walking is one of the best choices for initiating healthy weight loss through exercise.**
- **Reduce fat in your diet by:**
    - **Avoiding fried dishes and fast foods. Instead, choose baked, broiled, grilled or steamed meats (lean red meat, skinless chicken and fish).**
    - **Reducing the use of fat-based sauces, gravies, dressings, mayonnaise, butter, etc. and increasing the use of low-fat dairy products, such as skim milk.**
    - **Eliminating "junk" foods, such as potato chips, sugary snacks and carbonated drinks.**
- **Increase *daily* consumption of fresh fruits, vegetables and grains.**
- **Increase water consumption to eight glasses a day.**
- **Eat when you are *truly* hungry and not out of boredom.**

BLOOD LIPOPROTEIN PROFILE

What are blood lipids?
"Lipid" is a scientific term that refers to an organic compound composed of carbon, oxygen and hydrogen. Lipids include fat, cholesterol and other fat-like substances that do not dissolve in water. Blood lipids are fat cells that are transported to tissues and organs in the body by way of the bloodstream. The blood lipids that are assessed are:

Total Cholesterol is a waxy substance that is necessary for normal body function. There are two types of cholesterol:

1. **Blood cholesterol, which occurs naturally in every cell in the body and circulates in the blood stream**
2. **Dietary cholesterol, which is found in food groups of animal origin. The liver produces enough cholesterol to meet the body's needs without the addition of dietary sources.**

***What is the significance of dietary cholesterol*?**
A diet high in saturated fat (fats from animal sources), smoking, obesity and lack of regular aerobic activity (walking, swimming) can cause your blood cholesterol to rise above recommended levels. The Guide for Cholesterol Treatment matches risk for heart disease with total blood cholesterol measurements.

Low-Density Lipoprotein (LDL) blood cholesterol is the cholesterol that is carried through the blood stream by low-density lipoproteins. It has been dubbed "bad cholesterol" because it has a tendency to form deposits that stick to the walls of arteries and other blood vessels, contributing to hypertension and heart disease.

High-Density Lipoprotein (HDL) blood cholesterol, or "good cholesterol," carries excess cholesterol away from the body so it can be excreted.

Triglycerides are the form fat takes as it is carried through the blood stream to the body's tissues. Most body fat is stored in the form of triglycerides. Combining high triglyceride levels with high LDL and low HDL has been linked to increased risk for heart disease.

Many people with high triglycerides have underlying diseases or genetic disorders. If this applies to you, the main therapy is to change your lifestyle. This includes controlling your weight, eating foods low in saturated fat and cholesterol, exercising regularly, not smoking and, in some cases, drinking less alcohol. People with high triglycerides may also need to limit their intake of carbohydrates to no more than 45-50 percent of total calories. The reason for this is that carbohydrates raise triglycerides and lower HDL cholesterol. Use products with monounsaturated and polyunsaturated fats.

GUIDE FOR CHOLESTEROL TREATMENT

Aggressive guidelines for doctors treating people at risk for heart disease could nearly triple the number of Americans taking drugs to lower their cholesterol. The guidelines recommend use of different tests to screen for high cholesterol and revise the optimal standards for good and bad cholesterol.

Total Cholesterol Levels	**Category**
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline High
240 mg/dL and above	High Risk
LDL Levels	**LDL-Cholesterol Category**
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near Optimal/Above Optimal
130-159 mg/dL	Borderline High
160-189 mg/dL	High
190 mg/dL and above	Very High
HDL Levels	**HDL-Cholesterol Category**
Less than 40 mg/dL	High Risk
60 mg/dL and above	Desirable
Triglycerides Levels	**Triglycerides Category**
Less than 150 mg/dL	Normal
150-199 mg/dL	Borderline High
200 mg/dL-499 mg/dL	High
500 mg/dL and above	Very High

For more information concerning the cholesterol guidelines visit the National Heart, Lung and Blood Institute at www.nhlbi.nih.gov or The American Heart Association at www.americanheart.org.

How can I lower my total cholesterol and LDL levels, if necessary, while increasing my HDL level?

- ✓ Eat less saturated fat and other foods that are already high in cholesterol. Since the liver uses saturated fat to produce cholesterol, the more saturated fat one consumes, the more cholesterol the liver will produce. Since saturated fats are found in animal products such as fatty meats and dairy products as well as hydrogenated vegetable oils (trans-fat), it is wise to replace these with healthier foods.
- ✓ Eat more complex carbohydrate foods, such as whole-grain breads, pastas, cereals, brown rice, peas, beans, fruits and vegetables. These are more nutritious and are much lower in fat.
- ✓ Lose excess weight if necessary. Under the supervision of your physician, you may wish to begin a regular exercise program. Dietary changes and increased physical activity have been proven to enhance healthy weight maintenance. Aerobic exercise at least three days a week can increase HDL levels.
- ✓ Stop using tobacco products. They contribute to the risk of developing hypertension and cancer. Quitting reduces those risks and can also elevate the favorable HDL cholesterol levels.

BLOOD CHEMISTRY PROFILE

What does it measure? Of these three components, the glucose measurement is most significant:

- **Blood Glucose levels**
- **Blood Urea Nitrogen (BUN) and Creatinine**
- **Electrolyte levels.**

DIABETES

Why is diabetes screening part of this screening?
Unfortunately, South Carolina has one of the highest rates of Type 2 diabetes in the United States. Studies show that diabetes is more common in African-Americans, is more prevalent among women in general and, in the South, is most common among women age 64 and older. However, the main reason that diabetes screening is essential is because nearly half of the diabetic population in the U.S. is unaware that they have this potentially life-threatening disease!

What are the different blood glucose levels that indicate risk and/or detection of diabetes?
Glucose levels in the bloodstream are measured to determine whether an individual is at risk for developing diabetes or has the disease. Blood glucose levels vary according to the length of time a person has fasted prior to being tested. After fasting for 12 hours (no food intake for 12 hours) blood glucose below 100 milligrams per tenth of a liter of blood (mg/dL) is normal, pre-diabetes is 100 to 125 mg/dL and diabetes is 126 mg/dL or higher.

What are the potential consequences of undetected or undiagnosed diabetes?
Undetected and/or untreated diabetes can lead to a dangerously high build up of blood sugar levels. Such complications can lead to development of heart disease and/or kidney disease, stroke, blindness, nerve damage and even limb amputations due to gangrene.

What is diabetes?
The American Diabetes Association and the U.S. Department of Health and Human Services now use the term "pre-diabetes" to describe blood sugar levels that are higher than normal but not yet indicative of full-blown diabetes. They are also urging that more people be screened. Left untreated, most people with pre-diabetes will go on to develop diabetes within 10 years. Diabetes is a disease that does not allow the body to produce or properly utilize **insulin**. Insulin, a hormone produced in the pancreas, is essential for converting the foods we consume into glucose. Glucose supplies the energy we need for daily life. There are two types of diabetes: Type 1, which requires daily insulin injections, and Type 2, which can be managed though proper diet and exercise.

Type 1 diabetes usually occurs in persons under age 30, appearing during childhood and adolescence. Warning symptoms include:

- **Frequent urination and unusual thirst**
- **Extreme hunger**
- **Rapid weight loss**
- **Irritability, nausea and vomiting.**

Note: These symptoms occur suddenly and require immediate medical attention.

Type 2 diabetes is more common and develops in persons age 45 and older and/or who are overweight. Warning signs for Type 2 include:

- **Frequent urination and unusual thirst**
- **Weight gain or loss**
- **Low energy, drowsiness or fatigue**
- **Blurred vision or dizziness**
- **Frequent infections/dry skin**
- **Tingling and numbness of the feet**
- **Family history of diabetes.**

Note: The onset of Type 2 diabetes is often gradual and undramatic.

Who should be tested for diabetes?

There are two conditions for diabetes screening:

1. According to the America Diabetes Association (ADA) general guidelines, testing should be considered for all individuals aged 45 and older. If no risks are apparent, then testing should occur every three years.
2. ADA recommends testing at a younger age or more often for individuals who have any of these risk factors:
    - They are obese and/or physically inactive.
    - They have a first degree relative with diabetes (ie., parent or sibling).
    - They are members of a high-risk ethnic population (Hispanic, African/Asian-American, American Indian).
    - They have delivered a baby weighing more than 9 lbs. or have a history of gestational diabetes.
    - They have hypertension with a blood pressure above 140/90.
    - Their triglyceride level is 250 mg/dL or more and/or a HDL cholesterol is 35mg/dL or less.
    - Polycystic ovary disease.
    - Pre-diabetes — a condition with a fasting blood glucose level of 100-125 mg/dL.

Blood Urea Nitrogen (BUN) and Creatinine Analysis

This test consists of four components which work together to assess the health of the kidneys.

Electrolyte Levels

The electrolytes measured in the blood stream are sodium, potassium, chloride and bicarbonate. These four elements control the body's pH (acid/base) and water balance.

HEMOGRAM

The Hemogram comprises four tests that measure:

- White blood cells are the body's primary means of defense against illness. White blood cells react to invasive bacteria by attacking them and preventing potential infection.
- Red blood cells (RBC) transport oxygen from the lungs to the organs, muscles and other body tissues.
- Hemoglobin (HGB) is also found inside red blood cells giving them their red color. It is a chemical that contributes to the transport of oxygen to and carbon dioxide from the body's tissues and organs.
- Hematocrit (HCT) means "to divide or separate." This test measures the number of red blood cells in entire blood stream.

Note: A significantly low reading on any one of the RBC, HGB or HCT could indicate types of anemia that could signify diseases of the entire body or the blood stream.

WHEN SHOULD I…

The U.S. Preventive Services Task Force recommends screenings to help you maintain your health. The chart below will help you to remember when it is time to go for your checkups. Just look for your age range, and follow the list.

Adult Preventive Health Guidelines	20-29	30-39	40-49	50-64	65-74	75+
Blood Pressure	Every 3-5 years	Every 1-2 years	Every 1-2 years	Every 1-2 years	Yearly	Yearly
Cholesterol*	Every 3-5 years**	Yearly for men age 35+	Yearly for women age 40+	Yearly	Yearly	Yearly
Pap Smear	Every 1-3 years	Every 1-3 years	Every 1-3 years	Every 1-3 years	Every 1-3 years	***
Mammograms		One Baseline ***	Yearly	Yearly	Yearly	***
Physician Breast Exam	Every 1-2 years	Every 1-2 years	Yearly	Yearly	Yearly	***
Breast Self Exam	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Physician Testicular Exam	Every 4-5 years	Every 4-5 years	Every 4-5 years	Every 4-5 years	***	***
Testicular Self Exam	Monthly	Monthly	Monthly	Monthly	Monthly	***
Stool Blood Test* (and/or sigmoidoscopy after age 50)				Yearly	Yearly	Yearly
General Health Assessment	Every 4-5 years	Every 4-5 years	Every 4-5 years	Every 1-2 years	Every 1-2 years	Every 1-2 years
Prostate Exam (consult your physician)				***	***	***
Glucose	Yearly if overweight or have one or more diabetes risk factors		Yearly if 45+ and overweight	Yearly if overweight	Yearly if overweight	Yearly if overweight

* People at high risk may need monitoring more often. See your primary care physician.

** Younger adults (men age 20-35 and women age 20-45) should be screened if they have other risk factors for heart disease. These risk factors include tobacco use, diabetes, a family history of heart disease or high cholesterol, or high blood pressure.

*** Your risk factors will determine how often you should get these check-ups. Ask your primary care physician.

You Can Find Valuable Health Information on the Internet

There is a lot of health information on the Internet, and much of it is useful. Here are some sites Prevention Partners staff members find not only reliable but often fun:

- www.cdc.org Sponsored by the **Centers for Disease Control and Prevention**, this site offers information on environmental health, travelers' health and workplace health, as well as on diseases and conditions. It also provides a fruit and vegetable recipe search.

- www.diabetes.org The **American Diabetes Association** gives tips on how to prevent diabetes, news of the latest research and a tempting-but-nutritious "Recipe of the Day."

- www.familydoctor.org A symptoms search, medical tips for everyone from children to seniors, a "Find a Doctor" search and an over-the-counter medicine guide are among the features of this site sponsored by the **American Academy of Family Physicians.**

- www.healthierus.gov **HealthierUS.gov** is part of a presidential initiative designed to encourage Americans to lead healthier lives. It offers information on physical activity, nutrition and screenings, as well as some small things to do to make a big difference in your health.

- www.heart.org The **American Heart Association** sponsors this site, which offers information about the warning signs of heart attacks and strokes, as well as tips on healthy eating at home and in restaurants.

- www.kidshealth.org This entertaining site, sponsored by the **Nemours Foundation**, has sections for young children, teenagers and parents. Kids can even find help with homework.

- www.medlineplus.gov This service of the **U.S. National Library of Medicine** and the **National Institutes of Health** offers a medical encyclopedia and dictionary, as well as information on 750 health topics and health information for older adults.

- www.strokeassociation.org Visit this site sponsored by the **American Stroke Association** to learn the warning signs of a stroke and tips on how to recover from one.

- www.womenshealth.gov The **National Women's Health Information Center, U.S. Department of Health and Human Services,** developed this site. It covers all aspects of women's health and includes links to online journals that specialize in the topic.

To see additional sites, go to the **Employee Insurance Program** Web site, www.eip.sc.gov, and click on "Links." To learn more about Prevention Partners and the services it offers, click on "Prevention Partners."

Personal Health Journal

Important Information

Name: _____ **Phone Number:** _____

Address: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **Blood Type:** _____

Family Doctor:

Name: _____ **Phone Number:** _____

Address: _____

Other Health Care Providers

Name: _____ **Phone Number:** _____

Address: _____ **Specialty:** _____

Name: _____ **Phone Number:** _____

Address: _____ **Specialty:** _____

Name: _____ **Phone Number:** _____

Address: _____ **Specialty:** _____

Visits to Doctor

Date	Doctor	Reason for Visit	Blood Pressure	Weight	Total Cholesterol	HDL	LDL

Current Medication List

Medication	Rx Number	Date	Doctor	Dose/ Frequency	Pharmacy/ Phone #	Reaction (if any)

Include vitamins and over-the-counter medications

Tests/Procedures

Date	Doctor	Test or Procedure	Hospital or Clinic	Result	Phone #

Include X-rays, ECGs, sonograms (ultrasound), etc.

IF IN DOUBT, ASK!

What is the name of this drug, and how is it supposed to help me?

Can I stop taking the medication if my symptoms disappear?

Are there any non-drug treatment options that you would recommend?

Does this medicine come in another form (if you have trouble swallowing pills, syrup, etc.)

Should I take this pill with water, or may I take it with juice or milk instead?

What should I do if I forget to take one dose? Two doses?

How soon can I expect results?

Can I drink alcohol or smoke while taking this medicine?

Are there any foods, prescription or non-prescription drugs, or vitamin supplements that may affect this medication? Should I quit taking them until I finish this prescription?

TIPS ABOUT DRUG AND FOOD INTERACTIONS

- **Always read directions, warnings and precautions.**
- **Don't mix medication into food.** Some foods contain substances that might alter the drug. Breaking apart the medication can also alter the effect of the drug.
- **Don't mix medications into hot beverages.** Heat can destroy or alter the effect of the drug.
- **Avoid alcohol.** It can enhance or reduce the effect of the drug.
- **Don't take your medication at the same time that you take your vitamin or mineral supplement.** Sometimes, the nutrients can bind with the drug ingredient, leading to reduced absorption or faster elimination.
- **Unless otherwise directed, take medicines with water on an empty stomach.** Drugs generally are absorbed faster this way. Make sure to check your prescription directions to see if they recommend taking your medication with food.
- **Always check with your pharmacist if you have any questions about the correct way to take your medication!**

What are the possible side effects of this medication? Should I report them to you or my doctor?

Will this drug make me drowsy? Will it impair my ability to drive or operate heavy machinery?

Where can I obtain written information about this medication?

Can I increase or decrease the dosage at my own discretion?

Should this medication be taken, before, with or after meals?

Does this drug come in a generic version that can save me money?

PLANS OFFER WAYS TO IMPROVE YOUR HEALTH

WEIGHT LOSS PROGRAMS

State Health Plan subscribers can take advantage of the My Health Essentials℠ — Weight Management program. With Weight Management, a registered nurse assesses your eating and exercise habits, helps you set goals and checks on you to see how you are doing. When you enroll, you receive a weight-management guide and other materials to help you stay on track between calls. For information or to enroll in the program, call 803-699-3337 or 800-925-9724. You may also enroll online at the BlueCross BlueShield of South Carolina Web site, www.southcarolinablues.com. Login and select "My Health Toolkit" and then "Personal Health Assessments." That will take you to "My Activity Center." Under "My Other Assessments," select "Weight Management."

BlueChoice HealthPlan members may participate in Great Expectations® *for weight manage-ment.*
You will receive a weight loss manual, a telephone consultation with a health educator and access to Internet resources, such as the Weight Control Center The 12-week, self-paced program costs $5. To enroll, call 800-327-3183. Members are eligible for discounts at participating fitness centers, which are listed in the plans' provider directories.

CIGNA members can participate in the Healthy Rewards program. It offers discounts on programs such as Jenny Craig®, Weight Watchers® and CURVES®, as well as at local gyms. Vitamins and natural supplements may be ordered online at a discount. For more information, go to www.cigna.com or call Member Services at 800-244-6224.

TOBACCO CESSATION PROGRAMS

The **Free & Clear® Quit For Life® Program** is available to **State Health Plan** subscribers and their covered dependents at no cost. It is also available at no cost to **BlueChoice HealthPlan** members and their covered dependents age 18 and older.

The Quit For Life Program will help you overcome your addiction to tobacco and stop using tobacco products for good. A highly trained Quit Coach® will work with you to create a personalized quit plan that will include five calls from your coach, supplementary quit guides and access to an online support community. The program also provides free nicotine replacement products (patches, gum or lozenges), if appropriate. Your Quit Coach may recommend your doctor prescribe a smoking cessation drug, such as Bupropion or Chantix, which is available through your prescription drug coverage. You may call Free & Clear's toll-free support line as often as you wish: coaches are available from 8 a.m. to midnight, seven days a week. If you still need help after the 12-month program ends, you may re-enroll in the program.

To enroll in the Quit For Life Program, call 866-QUIT-4-LIFE (866-784-8454). After your eligibility is verified, you will be transferred to a Quit Coach for your first call.

CIGNA Quit Today℠ Tobacco Cessation Program helps you quit smoking or chewing tobacco. The year-long program includes unlimited calls to your coach, an optional telephone relapse support group and over-the-counter nicotine replacement gum or patches, if appropriate. The program is free. To enroll in the program, call 866-417-7848 or go to www.myCIGNA.com.

PREVENTION PARTNERS

Employee Insurance Program
South Carolina Budget & Control Board

Programs, Services, Resources and Activities

Professional Education

Health at Work Annual Conference
Orientations and Consulting Upon Request
Prevention Partners Coordinator Training

Disease Prevention and Early Detection

Preventive Worksite Screenings
Chronic Disease Management Workshops:
Asthma
Healthy Heart
Diabetes
Digestive Disorders
Back Pain Injury Prevention
Weight Loss Skills

Self-Paced Programs for Health Promotion

Fast Food Guide
Self-Care Guides
Low-Fat Cookbook
Tension Tamer: Stress Management
Every Step Counts – Pedometer Walking Program

Incentive Programs

Fall Into Fitness
Great Weight Maintenance Marathon
"Challenge" – Total Well-being
Health for the Holidays

Service Resources

Coordinators' Communiqué
Health Bulletins
Avenues Newsletter
Resource Materials

Incentive & Promotional Items

Special Event T-shirts
Relaxation Tapes
Understanding Food Labels
Health Slideguides

Special Events

Spring Wellness Walk
Regional Meetings

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